

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Patent Number</b>	7,361,511
<b>Issue Date</b>	April 22, 2008
<b>First Named Inventor</b>	John E. MONAHAN
<b>Title</b>	COMPOSITIONS, KITS, AND METHODS FOR IDENTIFICATION, ASSESSMENT, PREVENTION, AND THERAPY OF CERVICAL CANCER
<b>Art Unit</b>	1643
<b>Examiner Name</b>	S. L. Rawlings
<b>Attorney Docket No.</b>	117742-06202

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 86738

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:  

OR

<input type="checkbox"/> Firm or Individual Name	Maria Laccotripe Zacharakis, Ph.D., J.D. McCARTER & ENGLISH, LLP
--	---

Address	265 Franklin Street
---------	---------------------

City	Boston	State	MA	Zip	02110
------	--------	-------	----	-----	-------

Country	US	Telephone	617-449-6500	Email	mzacharakis@mccarter.com
---------	----	-----------	--------------	-------	--------------------------

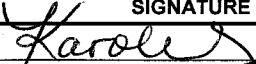
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	August 10, 2009
Name	Karoline K. M. Shair	Telephone	617-444-3227
Title and Company	Senior Patent Counsel, Millennium Pharmaceuticals, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>	*Total of	1	forms are submitted.
--------------------------	-----------	---	----------------------

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: September 2, 2009

Signature: /MBC/  
(Marcie B. Clarke, Ph.D.)